

Sanilac and Tuscola Counties. Their emphasis is on community economic development, housing and energy-related activities. Through their economic development program, they have developed a storm window manufacturing unit into a corporation named Cass River Enterprises, Incorporated with Mary Ann as the Chief Executive Officer.

In addition to her duties with the Human Development Commission, Mary Ann has held several leadership positions with both local and national organizations. Mary Ann served two terms as President of the National Association of Community Action Agencies and three terms as Secretary, was President of both the State and Regional Community Action Agency Associations, a member of the National Symposium on Poverty and Economic Security Steering Committee, Treasurer of the Mid America Community Action Association, Board Member and President of the Great Lakes Rural Network, President of the Michigan Economic Development Coalition, member of the National Community Action Foundation Board of Directors, Board member of the Economic Development Association of Michigan, Board member of Rural Partners of Michigan, and Chairperson of the Michigan Community Action Agency Association Legislative Committee. Locally, she is Chairperson of the Christian Services Committee of the Church of the Sacred Heart and serves as a Lay Minister. Mary Ann is the recipient of the Caro Business & Professional Women's Woman of Achievement Award, honored as Caro's Citizen of the Year, and was the recipient of the Caro Knights of Columbus Council's Family of the Year Award.

Madam Speaker, I ask the House of Representatives to join me in applauding the work of Mary Ann Vandemark. She is a dear friend and I value her advice, her wisdom and her enthusiasm. I congratulate her on a well deserved retirement and wish her the best in this new phase of her life.

OUR UNCONSCIONABLE NATIONAL DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,661,039,727,506.65.

On January 6th, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$2,024,946,690,541.30 so far this Congress. The debt has increased \$2,332,709,328.50 since just yesterday.

This debt and its interest payments we are passing to our children and all future Americans.

FLAWS OF MEDICAID EXPANSION

HON. JASON CHAFFETZ

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Mr. CHAFFETZ. Madam Speaker, there are major flaws in the health care legislation that

passed the U.S. House of Representatives this week. Utah Governor Gary Herbert recently shared with me two major deficiencies in the Medicaid expansion as addressed in the health care bill.

First, Medicaid expansion ignores the fiscal impact on states. Utah, along with many other states, currently faces challenging financial circumstances. It would be impossible to pay for a sizeable Medicaid expansion and still maintain other critical state priorities such as education and social services without tax increases. This would dampen any economic recovery.

Second, Medicaid expansion ignores the program's current deficiencies. Medicaid is designed to be a temporary help and not a permanent solution for financing medical care because it restricts patient responsibility and limits choices and options. Utah is struggling to find enough providers who are willing to treat Medicaid patients as it is. Putting more people on this program will likely overwhelm the provider system and decrease access for those that need it most.

Medicaid expansion solves the problem of the uninsured by forcing more people into an already overburdened public program. This is an inevitable crush on states' finances and the economy.

STATE OF UTAH,

OFFICE OF THE GOVERNOR,

Salt Lake City, UT, March 21, 2010.

Hon. JASON CHAFFETZ,
Longworth Building,
Washington, DC.

DEAR CONGRESSMAN CHAFFETZ: I am writing in the hope there is still an opportunity to eliminate the proposed Medicaid expansion in the current health care reform legislation. There are two major flaws with the proposed expansion.

First, the Medicaid expansion ignores the fiscal impact on states. Even though there was a previous commitment that states will not be burdened with the cost of a growing program, it is clear the current versions of the expansion proposal do not keep this commitment. Utah, along with many other states, currently faces challenging financial circumstances. We, in Utah, have fought to minimize the impact on our citizens, but it would be impossible to pay for a sizeable Medicaid expansion and still maintain our commitment to other critical state priorities such as education and social services without tax increases. This would dampen the economic recovery we are beginning to experience.

Second, Medicaid expansion ignores the program's current deficiencies. This proposal would significantly increase the number of Utahns on Medicaid. Instead, we need to get more people off Medicaid and covered by private insurance. Medicaid is designed to be a temporary help to those in need. It is not designed to be a permanent solution for financing medical care because it restricts patient responsibility and limits choices and options. It would be better to pursue approaches that help individuals and families become the primary decision-makers when it comes to their health and health care.

We are struggling to find enough providers who are willing to treat Medicaid patients as it is. Putting more people in this program will likely overwhelm the provider system and decrease access for those that need it the most. Nothing in the current proposal addresses how this problem will be resolved.

I am firmly opposed to a plan that intends to solve the problem of the uninsured by forcing more people into an already overburdened public program. Even though the bill

intends to soften the impact with a 2019 full implementation date, this is simply delaying the inevitable crush on states' finances and the economy.

Thank you for your consideration and thank you for your service to our country.

Sincerely,

GARY R. HERBERT,
Governor.

HONORING THE ACCOMPLISHMENTS OF SUPREME COURT JUSTICE SANDRA DAY O'CONNOR, THE FIRST WOMAN TO SERVE ON THE UNITED STATES SUPREME COURT

HON. LAURA RICHARDSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Ms. RICHARDSON. Madam Speaker, I rise today in support of H. Res. 1141, which honors the achievements and distinguished career of Justice Sandra Day O'Connor, and recognizes her impact as an American symbol of hard work and rugged individualism. H. Res. 1141 is an important measure that acknowledges the truly impressive career of Sandra Day O'Connor and pays tribute to her distinguished record as one of the nation's great jurists that has inspired generations of women across the country and around the world.

I thank Chairman JOHN CONYERS for his leadership in bringing this bill to the floor. I would also like to thank the sponsor of this legislation, Congresswoman GABRIELLE GIFFORDS, for taking the time to acknowledge Justice O'Connor's positive impact on the legal profession, the world of public service, and the lives of women and girls with dreams as ambitious as her own.

Madam Speaker, Justice Sandra Day O'Connor's rise to the top of the legal profession is a testament to the power of tirelessly dedicating yourself to the pursuit of your dreams and staying true to your core values. After graduating in the top three of her class at Stanford Law School, Justice O'Connor practiced law in Frankfurt, Germany and Phoenix, Arizona. Soon, however, she took her talents to the arena of public service, serving as the Arizona Assistant Attorney General and Majority Leader in the Arizona State Senate. In 1979, she was appointed by Arizona Governor Bruce Babbitt to serve on the Arizona Court of Appeals. Her fair-minded decisions, detailed knowledge of the law, and growing stature in the legal profession led President Ronald Reagan to nominate Sandra Day O'Connor in 1981 to serve as the first woman on the United States Supreme Court.

Justice O'Connor served for 24 terms on the United States Supreme Court. Her service was marked by her centrist judicial philosophy, consensus-building role on the Court, and determination to uphold the law and the Constitution. A shining moment in Justice O'Connor's legacy was her support of the proposed Equal Rights Amendment, which further strengthened her role as a role model for women of all generations. On August 12, 2009, President Barack Obama awarded Sandra Day O'Connor the Presidential Medal of Freedom, a deserved honor for an important national figure who inspires countless Americans.

It is entirely fitting that we take this time to honor Justice Sandra Day O'Connor. The story of Justice O'Connor's ascent to the United States Supreme Court is an inspirational one that reaffirms the power of hard work, determination, and fidelity to core values. Her service on the Court helped make our country better and fairer. Most importantly, through her successful career, she paved the way for female leaders throughout the arena of public service. And it is significant to note that Sandra Day O'Connor achieved all of this while helping raise three children. Her refusal to make the unfair choice between family and career is another reason why she has become a role model for women throughout the country.

Madam Speaker, I urge my colleagues to join me in supporting H. Res. 1141.

HONORING THE 25TH
ANNIVERSARY OF WAQP-TV 49

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Mr. KILDEE. Madam Speaker, please join me in recognizing the achievements of WAQP-TV 49 as it celebrates 25 years broadcasting the Gospel of Jesus Christ in the Flint, Saginaw, Bay City, Midland and Lansing areas. WAQP-TV will celebrate this anniversary on March 25th at the station in Saginaw Michigan.

WAQP-TV 49 is part of TCT, Total Christian Television founded by Drs. Garth and Tina Coonce. The station broadcasts Christian programming 24 hours a day to give inspiration to those in need, and maintains an 800 Prayer Line. The volunteers manning this line pray with the callers and provide hope, encouragement and strength to the most vulnerable. Both callers and volunteers experience the joy that comes from partnering with the Lord. As part of the TCT family, the station and its viewers can connect with Christians around the globe, forming a prayer chain that reaches throughout the world.

Madam Speaker, I ask the House of Representatives to join me in commending WAQP-TV 49 for its commitment to preaching the Gospel of Jesus Christ. Their dedication, enthusiasm and prayers are a blessing to the community and the countless people that encounter Our Lord, Jesus Christ, through their ministry.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. BILL PASCRELL, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. PASCRELL. Mr. Speaker, in my capacity as co-chair of the Congressional Brain Injury Task Force, I would like to share my understanding of the intent of the provisions of H.R. 3590, the Patient Protection and Affordable Care Act regarding coverage of the treatment continuum for persons with brain injury. I believe that health care reform should address the unique health care needs of individ-

uals with brain injury by recognizing that brain injury is the start of a lifelong disease process requiring access to a full continuum of medically necessary treatment, including rehabilitation and chronic disease management, furnished by accredited programs in the most appropriate treatment setting as determined in accordance with the choices and aspirations of the patient and family, in concert with an interdisciplinary team of qualified and specialized clinicians.

News reports of returning veterans and recent high profile brain injury stories indicate what researchers have been reporting for years—brain injury is a leading public health problem in U.S. military and civilian populations. Brain injury is not an event or an outcome but is the beginning of a lifelong disease process that impacts brain and body functions resulting in difficulties in physical, communication, cognitive, emotional, and psychological performance that undermines health, function, community integration and productive living. Brain injury is also disease causative and disease accelerative in that it predisposes individuals to re-injury and the onset of other conditions (e.g., brain injury impacts neurologic disorders such as epilepsy, vision and hearing impairments, psychiatric disorders, and orthopedic, gastrointestinal, urologic, sexual, neuroendocrine, cardiovascular and musculoskeletal dysfunction).

The Brain Injury Association of America, BIAA, has developed a series of guiding principles for assessing any health reform bill from a brain injury perspective. I am pleased to conclude that the Patient Protection and Affordable Care Act reflects and is consistent with these principles.

One principle identified by BIAA is that an individual with brain injury should have access to the full treatment continuum to manage the disease that includes early, acute treatment to stabilize the condition followed by acute and specialized post-acute brain injury treatment and rehabilitation, including inpatient, outpatient, day treatment and home health programs, to minimize and/or prevent medical complication, recover function and cope with remaining physical or mental disabilities, and achieve durable outcomes that maintain an optimal level of health, function and independence following brain injury. The Patient Protection and Affordable Care Act authorizes the Secretary of Health and Human Services to define the details and limits of the essential health benefits package but establishes certain general categories of benefits that must be covered. The bill specifically lists, among other things, hospitalization, outpatient hospital and outpatient clinic services, professional services of physicians and other health professionals, and prescription drugs. In addition, I am pleased that the list includes the following benefits that are of particular importance to persons with brain injury:

Rehabilitative and habilitative services and devices,

Mental health and substance use disorder services, including behavioral treatment, and Chronic disease management.

I believe that for individuals with disabilities such as brain injury, rehabilitation and habilitation is equivalent to the provision of antibiotics to a person with an infection—both are essential medical interventions. The term “rehabilitative and habilitative services” includes items and services used to restore functional

capacity, minimize limitations on physical and cognitive functions, and maintain or prevent deterioration of functioning as a result of an illness, injury, disorder or other health condition. Such services also include training of individuals with mental and physical disabilities to enhance functional development.

The term “rehabilitative and habilitative devices” includes durable medical equipment, prosthetics, orthotics, and related supplies. It is my understanding that the Patient Protection and Affordable Care Act requires the Secretary of HHS to develop, through regulation, standard definitions of many terms, including durable medical equipment for purposes of comparing benefit categories from one private health plan to another. It is my expectation “prosthetics, orthotics, and related supplies” will be defined separately from “durable medical equipment” and the Secretary is not to define durable medical equipment for purposes of “in-home” use only.

I defining the list of categories of essential health benefits, I am particularly pleased that the bill states that the Secretary shall:

Ensure that such benefits reflect an appropriate balance among the categories so that benefits are not unduly weighted toward any category;

Not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life;

Take into account the health care needs of diverse segments of the population, including women, children, persons with disabilities, and other groups; and

Ensure that essential benefits not be subject to denial on the basis of the individual's present or predicted disability, degree of medical dependency, or quality of life.

Taken together, these are strong protections that will help ensure that the essential health benefits package—that must be offered by all health plans that participate in the new Health Insurance Exchanges—will take into account the needs of people with brain injury and other disabilities and chronic conditions and not impose value judgments about disability and quality of life. This legislative language makes clear that Congress understands the subtle discrimination that can occur against people with brain injury and other disabilities in the area of benefit design.

A provision in the bill allows insurance companies to sell insurance products across State lines. It is my understanding that the new federal standards regarding essential benefits are meant to act as a floor, not a ceiling, for these essential benefits, giving room for plans within states to offer more generous coverage to their constituents. Thus, it is also my understanding that all state benefit and consumer protection laws will be accorded full force and effect when multi-state compacts are organized under one state's laws but sell insurance across state lines.

A second principle identified by BIAA is that an individual with a brain injury should have an individualized medical treatment plan that documents specific diagnosis-related goals when the person has a reasonable expectation of achieving measurable functional improvements in a predictable period of time through the provision of treatment of sufficient scope, duration and intensity. As described above, I am pleased to report that under the